



EXPRESS MAIL LABEL NO. EV680256088US

PATENT APPLICATION
Docket No. 15636.9

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of)
)
	Frank Daigle)
)
Serial No.:	10/672,582) Art Unit
) 3662
Filed:	September 25, 2003)
)
Conf. No.:	8646)
)
For:	METHOD FOR RECURSIVE ECHO)
	PROCESSING IN TIME-OF-FLIGHT OR)
	LEVEL MEASUREMENT SYSTEMS)
)
Examiner:	Pihulic, Daniel T)
)
Customer No.:	022913)

AMENDMENT "A"

Mail Stop AMENDMENT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office action of October 11, 2005, please amend the above-identified application as follows:

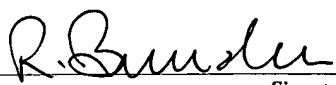
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 9 of this paper.



11-02-05

IFW

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 15636.9	
Applicant(s) Frank Daigle						
Application No. 10/672,582	Filing Date 09/25/2003	Examiner Pihulic, Daniel T	Customer No. 022913	Group Art Unit 3662	Confirmation No. 8646	
Invention: METHOD FOR RECURSIVE ECHO PROCESSING IN TIME-OF-FLIGHT OR LEVEL MEASUREMENT SYSTEMS						
<u>COMMISSIONER FOR PATENTS:</u>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	21 -	21 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: October 31, 2005			
R. BURNS ISRAELSEN Registration No. 42,685			<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p><p style="text-align: center;">(Date)</p><p style="text-align: center;">_____ Signature of Person Mailing Correspondence</p><p style="text-align: center;">_____ Typed or Printed Name of Person Mailing Correspondence</p></div>			
CC:						